

Wright County Soil and Water Conservation District

5220 Highway 5 Hartville, MO 65667 417-741-6195 ext. 3

Today's Date:			
Contact Information			
Name (First):	(Last):		(MI):
Home Address:			
City:	State:	7	Zip:
Phone:	Email:		
Date of Birth:			
Name of Parent/Guardian with whom you	ı reside:		
Education & Academic Record			
High School Name:			
Address:		Phone:	
Counselor Name:		Phone Ex	tension:
Current Cumulative Grade Point Average	e (unweighted): _	ACT	Score:
Activities:			
Club Memberships and Elected Leadersh	ip Positions:		

Please describe your community ser	vice/involvement.		
Please list your top 4 honors or awar	rds you have receiv	ed at sch	nool or in your community.
1			
2			
3			. <u></u>
4			
Please explain how you are currently	y involved in agricu	ılture:	
Employment: Have you held a job	while in school?		
Employer	From	То	Average hours per week
Career Goals:			
List colleges you have been accepted 1.			
3	4		
Expected major course of study in co	ollege:		

Your plans for the future and how you will use your degree:
The contents of this application and all accompanying documents and information is for the purpose of requesting post-secondary educational funds from the Wright County Soil and Water Conservation District on behalf of the undersigned. The applicant certifies that the information provided is true and complete until or unless a written notice of change is submitted. The Scholarship Selection Committee is authorized to make any and all inquiries deemed necessary to verify the accuracy of the statements made herein.
I hereby grant the Wright County Soil and Water Conservation District the unconditional right to use my name, photograph and essay in connection with press releases and/or publications. I also certify that I have read and meet the eligibility requirements for the Soil and Water Conservation District scholarship.
Signature of Applicant:
Date:

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